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K231

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital, St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Eli Barber
3. (b) If veteran, name war _____ 3. (c) Social Security No. None
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Sarah M Barber 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 19 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	10	25	hr. _____ min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name ? Barber
13. Birthplace Unk. 9
(City, town, or county) (State or foreign country)
14. Maiden name Unk.
15. Birthplace Unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Barber
(b) Address St. Louis, Mo.

17. (a) BURIAL (b) Date thereof 1-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Lukes Hospital (Ginkin Crk.)

18. (a) Signature of funeral director Geo. A. Lusk

(b) Address St. Louis, Mo.

19. (a) JAN 21 1941 (b) J. P. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Reynolds 000
(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")
(d) Street No. 2329 Lafayette 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 14th
year 1941 hour 8:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from Nov. 7, 1940
_____, 19____, to Jan. 14, 1941
that I last saw h. im alive on Jan. 14, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

Due to Chronic Nephritis months

Due to Hypertension; Arteriosclerosis years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN 131
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo. A. Seil md.
Address 2323 Lafayette Ave. St. Louis

Date signed 1/15/41

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STATEMENT BY LICENSED EMBALMER

will be

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

1/15/41

....., Registered Apprentice No.....

.....
working under my personal supervision.

Signed *Geo P Lanchel*

Licensed Embalmer No. *3475*

P. O. Address *Imperial Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.